

# OVER NIGHT STAYS

Trip to: \_\_\_\_\_ Date of Stay: \_\_\_\_\_

Hotel Name: \_\_\_\_\_

	Student Name	Paid Y/N	Check/ Cash	Other Info
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Total Number of Students Overnight: \_\_\_\_\_

Number of Students Paid: \_\_\_\_\_

Amount Received to Office: \_\_\_\_\_